

DECLARATION AND POWER OF ATTORNEY

I, the undersigned inventor(s), hereby declare(s) that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first, and joint (sole) inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CATALYTIC TRANSAMIDATION AND AMIDE METATHESIS UNDER MODERATE CONDITIONS

the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendments referred to above.

I acknowledge the duty to disclose information material to the examination of this application as defined in Section 1.56 of Title 37 Code of Federal Regulations.

I hereby claim the benefit under Section 120 or Section 119 (e)(1) of Title 35 United States Code of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Section 112 of Title 35 United States Code, I acknowledge the duty to disclose material information as defined in Section 1.56(a) Title 37 Code of Federal Regulations, which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status (pending, patented abandoned)
<u>60/449,975</u>	<u>February 24, 2003</u>	<u>Pending</u>

And I hereby appoint:

Charles S. Sara	30,492
Joseph T. Leone	37,170
Craig A. Fieschko	39,668
Colin L. Fairman	51,663

Address all telephone calls to: **Joseph T. Leone**
Telephone: 608-831-2100
Facsimile: 608-831-2106

All correspondence to:

Intellectual Property Department
DEWITT ROSS & STEVENS S.C.
US Bank Building
8000 Excelsior Drive Suite 401
Madison, WI 53717-1914

I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR Shannon S. Stahl

INVENTOR'S SIGNATURE _____ DATE _____
Residence: Madison, Wisconsin
Citizenship: USA Post Office Address: 56 Waunona Woods Ct., Madison, WI 53713

FULL NAME OF JOINT OR SECOND INVENTOR Samuel H. Gellman

INVENTOR'S SIGNATURE _____ DATE _____
Residence: Madison, Wisconsin
Citizenship: USA Post Office Address: 222 Glacier Drive, Madison, WI 53705

FULL NAME OF JOINT OR SECOND INVENTOR Sarah E. Eldred

INVENTOR'S SIGNATURE _____ DATE _____
Residence: Madison, Wisconsin
Citizenship: USA Post Office Address: 4725 Sheboygan Ave. #129, Madison, WI 53705